

5 TAX (Continued)

14	Enter amount from line 13	14
15	Enter Low Income Tax Credit from worksheet in the instructions	15
16	Subtract line 15 from line 14	16
17	Enter Child and Dependent Care Credit from Form 1040A, Schedule 2, line 9 (or federal Form 2441, line 9) ► x 20% (.20)	17
18	Subtract line 17 from line 16. This is your Income Tax Liability	18
19	Enter KENTUCKY USE TAX from worksheet in the instructions	► 19
20	Add lines 18 and 19. This is your Total Tax Liability	20
21	Enter Kentucky Income Tax withheld as shown on attached 2000 wage and tax statements	21
22	If line 21 is larger than line 20, enter AMOUNT OVERPAID (see instructions)	22

See instructions for a detailed description of funds.

➤ (Enter amount(s) checked)

23 a **Nature and Wildlife Fund Contribution**
☐ \$2 ☐ \$5 ☐ \$10 ☐ Other _____ 23a

b **Child Victims' Trust Fund Contribution**
☐ \$2 ☐ \$4 ☐ Other _____ 23b


c **Bluegrass State Games and U.S. Olympic Committee
Fund Contribution** 23c


d **Veterans' Program Trust Fund Contribution** 23d


24 Add lines 23a, 23b, 23c and 23d 24


25 Subtract line 24 from line 22. Amount to be **REFUNDED TO YOU** **REFUND** 25

Dollars Cents

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6 TAX PAYMENT SUMMARY

26 If line 20 is larger than line 21, enter **ADDITIONAL TAX DUE** 26

27 (a) 2210-K
penalty _____

☐ Check if Form 2210-K attached

(c) Late payment penalty _____

(d) Late filing
penalty _____

(e) Add lines 27(a) through 27(d).
Enter here 27(e)

(b) Interest _____

28 Add lines 26 and 27(e) and enter here. This is the **AMOUNT YOU OWE** **OWE** 28

[illegible]

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Make check payable to **Kentucky State Treasurer**. Write your Social Security number and "KY Income Tax—2000" on the check.

7 Do you wish to receive a packet next year, or do you need **only** a name and address label for filing your 2001 return? (check one) ➤

Packet

 Label

8 I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.



Your Signature (If joint or combined return, both must sign.)

Spouse's Signature

Date Signed _____

[illegible]

Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date _____

42A740S0023

Mail to:

REFUNDS

Kentucky Revenue Cabinet, Frankfort, KY 40618-0006.

PAYMENTS

Kentucky Revenue Cabinet, Frankfort, KY 40619-0008.

